

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	65205	1-6-99
O.I.P.E. CLASSIFIER		48	11/11/99
FORMALITY REVIEW		7/10/11	1/21

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral) ... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/01/01
2	✓	✓	10/01/01
3	✓	✓	10/01/01
4	✓	✓	10/01/01
5	✓	✓	10/01/01
6	✓	✓	10/01/01
7	✓	✓	10/01/01
8	✓	✓	10/01/01
9	✓	✓	10/01/01
10	✓	✓	10/01/01
11	✓	✓	10/01/01
12	✓	✓	10/01/01
13	✓	✓	10/01/01
14	✓	✓	10/01/01
15	✓	✓	10/01/01
16	✓	✓	10/01/01
17	✓	✓	10/01/01
18	✓	✓	10/01/01
19	✓	✓	10/01/01
20	✓	✓	10/01/01
21	✓	✓	10/01/01
22	✓	✓	10/01/01
23	✓	✓	10/01/01
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28	✓	✓	10/01/01
29	✓	✓	10/01/01
30	✓	✓	10/01/01
31	✓	✓	10/01/01
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42	✓	✓	10/01/01
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44	✓	✓	10/01/01
45	✓	✓	10/01/01
46	✓	✓	10/01/01
47	✓	✓	10/01/01
48	✓	✓	10/01/01
49	✓	✓	10/01/01
50	✓	✓	10/01/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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Best Available Copy